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TRANSMITTAL LETTER

Division of Cor				
SUBJECT:	HM FA	mited Liability Company)		
56B0EC1.	(Name of Li	mited Liability Company)		
The enclosed Articles of	f Amendment and fee(s) are sul	bmitted for filing.		
Please return all corresp	ondence concerning this matter	r to the following:		
	HERNA	Name of Person)		
-	. (1	Name of Person)	. "	
	•	1		
	HM (Flooring ite		
	•	. ma company		
	3063 Bu	(Address)		
		(Address)	·	
	MARGAT	E FL 33063 State and Zip Code)		
	(City/	State and Zip Code)		دم <u>د</u>
For firsther information	concerning this matter, please of	nail:		PHILE OF SECRETARIOA
				要。
- HERUE	an MARTINEZ	at (954) 53 (Area Code & Daytime	53 - 9394	SSET 4
	(Name of Person)	(Area Code & Daytime	relephone (vumber)	
	6 N			ORNE OL
Enclosed is a check for the	-			•
\$1 \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is er	%

STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER

I,BURGA	, hereby resign as(Title)
of HM	Floring LLC
· · · · · · · · · · · · · · · · · · ·	ility Company)
a limited liability company organized under the land affirm that the limited liability company has	
	64.PA.R. member or member)

FILING FEE IS \$25.00

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314